			ober 1, 20			_	`	00	18	215	22
CLAIMS AS FILED - PART (Column 1)				(Column 2)		SMALL ENTITY TYPE			OTHER THAN		
TOTAL CLAIMS		69				RAT		FEE	7	RATE	FEE
FOR		NUMBER FILED		NUMBER EXTRA		BASIC	ΈE	355.00	OR	BASIC FEI	710.00
OTAL CHARGEABLE CLAIMS		69 minus 20=		. 49		X\$ 9			OR	7/2.2	887
DEPENDENT CLAIMS		3 minus 3 =		. 0		X40=	\dashv		1	You a	1800
ULTIPLE DEPENDENT CLAIM PRESE			ESENT			740.	\dashv	·	OR	X80=	
If the difference	e in column 1 is	s lose than	Zero enter	"O" in .	alumn 0	+135			OR	+270=	ş• /.
ENDY IT	X				olumn 2	TOTA	L		OR	TOTAL	1592
Ran	(Column 1)	AMENDI	ED - PAR (Colun		(Column 2)	SMAL	l El	NTITV	ΔĐ	OTHER	THAN .
	CLAIMS		HIGH	EST	(Column 3)	- Single		ADDI-	7		7
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FIRST PRESE	mn 1 is less than th		· · ·			+135=			OR	+270=	

Application or Docket Number